



Juvenile Justice Training Academy Lesson Plan

Program: Juvenile Probation Supervision Officer Course		Citation Source: HRC § 221.0061
Required by: <input checked="" type="checkbox"/> Texas Statute <input type="checkbox"/> Texas Administrative Code <input type="checkbox"/> Professional Development		
Training Title: Trauma-Informed Care A Focused Approach		
Developed By: TJJD Curriculum Developer Rebecca Marquez and Kristine Buffington		Date: March 2014
Revised By: Delisha McLain, TJJD Curriculum Developer		Date: January 1, 2018
PARAMETERS		
Course Duration: 4.00 Hours	Minimum Maximum Number of Participants Recommended: 5 - 50	
Instructional Setting: Classroom	Target Audience: Juvenile Probation Supervision Officers completing mandatory training.	
COURSE DESCRIPTION		
This course will explore trauma, its effects, and the impact on individual lifespans. Strategies on how to deliver trauma-informed care to juveniles and juvenile justice professionals who have experienced trauma will be examined.		
APPROVALS		

Technical Authority

Dr. Madeleine Byrne, Director of Treatment
State Programs and Facilities

Date

Training Authority

Chris Ellison, Manager
Juvenile Justice Training Academy

Date

Training Authority

Kristy Almager, Director
Juvenile Justice Training Academy

Date

OBJECTIVES

At the conclusion of this course, participants will be able to:

1. Describe the different types of trauma and its prevalence within the juvenile justice population.
2. Examine the impact of traumatic events on juveniles and juvenile justice professionals.
3. Given a scenario, outline appropriate strategies to implement upon identifying a traumatized juvenile.

INSTRUCTOR MATERIALS

1. TJJD Approved Lesson Plan, January 1, 2018
2. Power Point Show, January 1, 2018
3. Copy of Participant Guide, January 1, 2018

PARTICIPANT MATERIALS

1. Participant Guide, January 1, 2018

REFERENCES

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ACKNOWLEDGEMENTS

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2. Texas Juvenile Justice Department. Juvenile Justice Training Academy. JPO/JSO Basic Course. *Saving Private Ryan and James and Jamie. Trauma Informed Care for Juvenile Justice Professionals*. March 2014.

EQUIPMENT AND SUPPLIES

- | | |
|---|--|
| <input checked="" type="checkbox"/> Projector | <input checked="" type="checkbox"/> Screen |
| <input checked="" type="checkbox"/> Laptop computer | <input checked="" type="checkbox"/> Post-it® Notes |
| <input checked="" type="checkbox"/> External speakers | <input checked="" type="checkbox"/> Laser Remote |
| <input checked="" type="checkbox"/> Chart Pad(s): | <input checked="" type="checkbox"/> Batteries for Laser Remote |
| <input checked="" type="checkbox"/> Easel Stand (s): | <input type="checkbox"/> Other: |
| <input checked="" type="checkbox"/> Marker(s): | |

SCHEDULE

Introduction	15:00
Section I: What is Trauma?	45:00
Section II: Trauma and Development.....	60:00
Section III: Delivering Trauma-Informed Care	45:00
Section IV: Trauma and Adults	15:00
Final Thoughts	15:00

LEGEND



For Your Eyes Only

This is information for the Trainer only – it is facilitator guidance (i.e. Activity Instructions)



Speaker Notes

This will indicate information to be shared with participants



Action

This will direct facilitator when to do something (i.e. click to activate bullets, start media if necessary, chart participant responses)



Activity

This will indicate activity (small or large; individual or collaborative) before continuing on with presentation

Note: Unless otherwise indicated in the lesson plan and based on class size, the trainer has the discretion to use a designated group activity as an individual activity. The trainer shall process the activity, whether as designated or individually in an effort to maximize the learning environment for the participants.

IMPORTANT TRAINER INFORMATION

1. Prepare a **Parking Lot**. If a particular training course lends itself to potentially lengthy discussions that compromise training time, trainers are encouraged to prepare and use a Parking Lot in an effort to manage questions and time constraints efficiently. The Parking Lot is a piece of blank chart paper, titled **Parking Lot**. Paper is placed on a wall at the beginning of the training session, easily accessible to everyone. If the Parking Lot is used, place several pads of post-it® notes on participant tables for use during the training session and provide participants instructions on how a Parking Lot is used during training.

The Parking Lot's purpose is to track questions asked by participants and allows trainer to either research an appropriate answer or respond to the question at the applicable time during the lesson plan. Prior to ending the training session, the trainer will review questions posted on the Parking Lot to determine if all have been answered or if additional research is needed. Trainer will either ask participants to confirm all posted questions have been answered satisfactorily or will acknowledge to participants the need to seek additional clarification from a subject matter expert (SME), the curriculum developer (CD), or other approved resource. A follow-up email should be provided to participants in the training session.

2. Cover all activities unless marked Optional.
3. Time noted for an activity represents the entire activity process: introducing the activity, performing the activity steps, and debriefing the activity. During assigned activities, participants should be informed they have a "few" minutes to complete an activity instead of a set number of minutes (example: 10 minutes). This allows the trainer to shorten or lengthen time as needed.
4. During question and answer sessions or activities:
 - a. Questions followed by the (*Elicit responses.*) statement – should be limited to 1 or 2 participant responses. These questions are used to gain audience acknowledgement and not meant to be a lengthy group discussion.

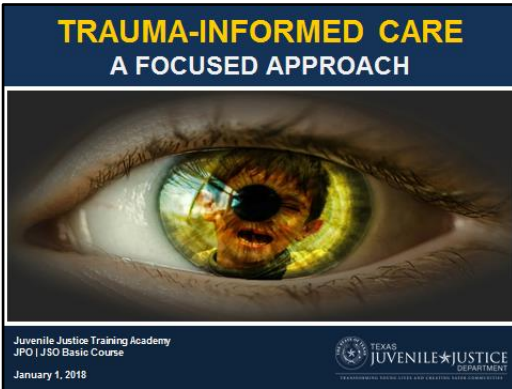
- b. Questions followed by an italicized (suggested) response – are to be covered by the trainer or participants. If participant responses do not cover the complete italicized response, the trainer will provide participants with the remaining information. The responses provided are suggested best answers as approved by the Technical Authority. If participants suggest other responses, encourage them to explain their choices.

Specific | Word Map

1. To create a word map, first choose your topic. Write topic in the center of a whiteboard or chart paper. A whiteboard is suggested as it gives you more space to work with. Use the question in the lesson plan to prompt participants to say the first things they think of and write down what they say about the topic. Draw a line between the answers and the topic to connect the ideas together. Once word map complete, continue with the lesson plan.

Disclaimer:

The following curriculum was developed by the Texas Juvenile Justice Department in collaboration with the Regional Training Officer Group of the Sam Houston State University Correctional Management Institute of Texas. Approved curriculum is signed by both a Technical and Training Authority. The Certification exam is based on approved TJJD standardized curricula. TJJD is mindful some examples referenced in the lesson plan may not be applicable in particular counties. Deviations regarding the material are discouraged; however, enhancements explaining local policy and procedure without breaching the fidelity of the information are supported. If a participant requires additional information beyond the scope of this curriculum, refer the participant to his (or her) immediate supervisor.



Slide 1: Introduction

Instructor's Corner:

PG: 5

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Trainer Notes:



INTRODUCTION

(Welcome participants to the course and discuss the agenda including information on breaks, lunch time, and other pertinent information. If using the "Parking Lot," prior to class, prepare a chart to use later as noted in the Important Trainer Information section of the LP. Place Post-it® notes on the tables or next to the Parking Lot chart for participant use.)

(The Texas Juvenile Justice Department is mindful some examples referenced in the lesson plan may not be applicable in certain counties or facilities. Deviations from this TJJD approved curriculum are discouraged; however, enhancements explaining local policy and procedure without breaching fidelity of the information are acceptable.)

Today's course, *Trauma-Informed Care | A Focused Approach* may trigger some difficult or emotional feelings. You will examine your own personal childhood experiences which may have been traumatic, and as you do, be aware of your own needs and respect the feelings of others. We acknowledge everyone has their own individual way of coping, or not, with past trauma and if you find yourself reliving a particular event, know you do not have to deal with it alone. You can reach out to the trainer, or if you are comfortable, share your thoughts with the group. If you want to process your thoughts privately,

know it is okay to step out of the room, regroup, and rejoin the course when you are ready.

As juvenile justice professionals, supervising juveniles and managing their challenging behavior is par for the course. Not only are juveniles dealing with hormonal and emotional changes, they may also have experienced one or more traumatic events in their lives, causing them to act out. Sadly, juveniles in the juvenile justice system have experienced an average of six traumas in their lives. Fortunately, these high numbers have generated much needed dialogue about the effects of trauma and sparked a national call for programs and strategies aimed at providing trauma-informed care. Today, we will talk about trauma and its impact, how to supervise juveniles with a trauma-informed care approach, and how to take care of ourselves while supervising them. Oftentimes, we not only have experienced our own childhood trauma but become so invested in the juveniles we serve; we begin to experience compassion fatigue, or vicarious trauma.

Q: What questions do you have before we get started? (*Answer questions, if any.*)



Q: How many of you have heard of the movie *Freedom Writers*? (*Elicit responses.*)

This movie is based on a true story. It centers on Erin Gruwell, a new teacher in Los Angeles, who is tasked with teaching a class of at-risk teenagers. The students in her classroom are predominantly children of color and she is Caucasian. We are going to watch a short video about Ms. Gruwell's first day in class and as you watch, jot down some behaviors in your participant guide you observe from the students.

(Click to play video titled Freedom Writers Part 1. Length of video is 3 minutes and 2 seconds.)

Q: What are some of the behaviors you wrote down about Ms. Gruwell's students?

(Elicit responses.)

When you hear what these students have endured at home, you begin to understand the possible causes of their behavior. The students in this film likely will reflect juveniles you will be tasked with supervising. Juveniles involved in the juvenile justice system are often thought of as problem children, full of rebellion and bad attitudes. School administrators and medical personnel often diagnose these juveniles with disorders, like Attention Deficit Disorder (ADD) or Bipolar Disorder, without considering the traumatic events they have endured. Thinking about trauma as a catalyst for certain behaviors challenges us as juvenile justice professionals to understand trauma and its biological, psychological, and social effects.

In this next video, Ms. Gruwell has decided she is going to peel those layers away despite naysayers who think her students cannot be helped. She gives her students a writing assignment and finds out some revealing information. Let's take a look.

(Click to play video titled Freedom Writers Part 2. Length is 4 minutes and 16 seconds.)

Q: What are your thoughts on the students now? *(Elicit responses.)*

As juvenile justice professionals, we must always peel back the multiple layers juveniles have and consider asking what happened to them, versus what's wrong with them and

provide trauma-informed care to those who have experienced trauma.

Let's look at our objectives for the course today.

Objectives

- Describe the different types of trauma and its prevalence within the juvenile justice population.
- Examine the impact of traumatic events on juveniles and juvenile justice professionals.
- Given a scenario, outline appropriate strategies to implement upon identifying a traumatized juvenile.

January 1, 2018

Texas Juvenile Justice Department
Juvenile Justice Training Academy

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Slide 2: Objectives

Instructor's Corner:

PG: 5

Trainer Notes:



Objectives

At the end of the course today, you should be able to:


1. Describe the different types of trauma and its prevalence within the juvenile justice population.
2. Examine the impact of traumatic events on juveniles and juvenile justice professionals.
3. Given a scenario, outline appropriate strategies to implement upon identifying a traumatized juvenile.



Slide 3: What is Trauma?

Instructor's Corner:

PG: 5

 The slide appears with a picture. Click for video to play when prompted in LP.

Trainer Notes:



WHAT IS TRAUMA?

(For the following question, create a word map on a whiteboard or chart paper to provide to participants a visual aid. See the Important Trainer Information at the beginning of this lesson plan for specific instructions on how to create a word map.)

(On the chart paper or whiteboard, write the word "trauma" large enough so all participants can see.)

Q: When you think of the word "trauma," what words immediately come to mind?

A: (Examples: fear, sadness, loss, nightmares.)

Trauma is defined as a deeply distressing or disturbing experience in which a real or perceived threat to life or bodily integrity is experienced, whether to a person or a person's loved one. It causes an overwhelming sense of terror, horror, helplessness, and fear and often impacts a person's emotional, physical, and mental health. It should not though, be confused with stress.

Q: What is the difference between trauma and stress? *(Elicit responses.)*

Stress is anything causing an imbalance in daily routines. Some say a bit of stress is actually okay; it can actually aid in better performance, particularly with looming deadlines. Stress occurs in everyone's life and is typically caused by brief situational circumstances. Most people have coping mechanisms in place to aid with stress levels, but trauma is different. Trauma often has lasting effects on physical and mental health. For individuals with unhealed traumatic wounds, everyday stress could cause additional difficulties.



Let's listen to Dr. Nadine Burke Harris, who is an expert on trauma, as she talks about trauma and its impact on individuals.

(Click to play video titled TedTalk Dr. Burke Harris Part 1. Length is 1 minute and 25 seconds.)

Q: What are your thoughts about the video? *(Elicit responses.)*

Trauma and its effects are real. Fortunately, scientific research is shifting the way we deal with trauma and the destructive patterns it can cause. As mentioned earlier, juveniles who have experienced trauma often express themselves externally with anger, hostility, coldness, or anxiety and often are unable to trust people, perceiving danger at every turn. They may withdraw or isolate and may also have trouble with regulating or calming themselves down.

Imagine you are in a training session, just like today and someone walks through the

door and in a panic says there is an active shooter in the lobby of the building.

Q: What is your immediate reaction? (*Elicit responses.*)

A: (Examples: panic, fear, anxiety.)

It is hard to even imagine that happening, but it's likely you feel anxiety, fear, and are wondering how you would get out of the building to avoid being shot or killed. You make it out of the building safe and sound, but what about the next time you attend training? Will you be nervous or anxious? You likely will always be on edge at any training you attend after that. This feeling in the pit of your stomach, that alarm mode, is how juveniles who have experienced trauma may feel often, wondering what may happen to them next and feelings of constant anxiety.

As juvenile justice professionals it is our job to help juveniles manage their anxiety by providing them with practical coping skills. We will discuss those coping skills a bit later, for now let's talk about the various types of trauma, including:

- Acute
- Chronic
- Complex



Slide 4: Acute Trauma

Instructor's Corner:

PG: 6

Trainer Notes:



Acute Trauma

(Inform participants not all symptoms are listed in the participant guide.)

Acute trauma is typically associated with a single event, like a car accident, a rape, or other violent incident. If left untreated, acute trauma could result in depression, PTSD, or other mental health issues. Symptoms may include:

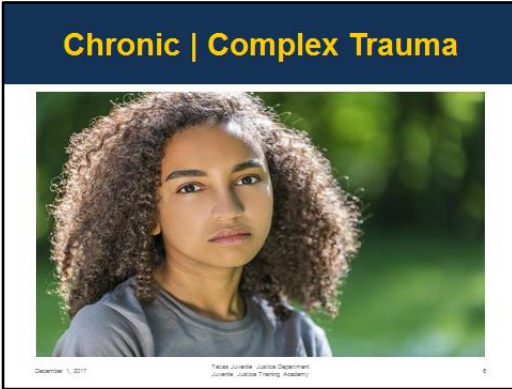
- Panic
- Confusion
- Dissociation or a lack of connection with thoughts, memory, and sense of identity.
There are spectrums of dissociation, from day dreaming to Multiple Personality Disorder.
- Insomnia
- Suspiciousness
- Lack of self-care
- Lack of focus

If a person has suffered an acute trauma and exhibits any of these symptoms, intervention is necessary. Some ways to cope with acute trauma include therapy, aids for

insomnia, and short-term use of medication if coping skills are not helping with anxiety or depression. It is possible to return to feeling safe and secure despite the occurrence of an acute trauma.

Q: What questions do you have about acute trauma? *(Answer questions, if any.)*


Let's talk about chronic and complex trauma.



Slide 5: Chronic | Complex Trauma

Instructor's Corner:

PG: 6

 The slide appears with a picture. Click for video to play when prompted in LP.

Trainer Notes:



Chronic | Complex Trauma

Chronic Trauma

(Inform participants not all symptoms or behaviors are listed in the participant guide.)

Chronic trauma occurs over a long period of time, repeatedly, and cannot only cause maladaptive or abnormal behaviors but can affect people later in life. Symptoms of chronic trauma may include the symptoms manifested with acute trauma and the following:

- Anger
- Sadness
- Anxiety
- Rage
- Overreactions
- Misperceptions of an environment
- Impaired memories

Chronic trauma often leads people, including juveniles, to engage in reckless behavior,

such as:

- Substance use
- Violent tendencies
- Unhealthy relationships
- Aggressive behavior
- Poor school performance
- Delinquency
- PTSD
- Recidivism

Q: What questions do you have about chronic trauma? (*Elicit responses.*)

Complex Trauma

Complex trauma is defined as trauma which occurs repeatedly, worsening over a period of time, usually within familial relationships. In other words:

- Repetitive, prolonged, or cumulative
- Primary caregiver directly causes harm and maltreatment
- Typically occurs during early childhood development however may occur later in life if a child suffers a disability or is dependent on their caregiver.

Complex trauma may include prolonged sexual, physical, or verbal abuse and neglect. Trauma at the hands of someone who is supposed to love and protect, can often create more severe issues for juveniles, including the belief they were the cause of the abuse. Victims of complex trauma may experience symptoms associated with acute or chronic trauma, as well as dissociative episodes or a failure to connect with thoughts, memory,

or sense of identity, distrusting feelings, hopelessness, or other symptoms unique to an individual.

About 90% of juveniles involved in the juvenile justice system have experienced at least one traumatic stressor, often leading to numerous post-traumatic stress symptoms, and sometimes a full diagnosis of post-traumatic stress disorder (PTSD). Of those, 84% experienced more than one trauma and over 55% reported being exposed to at least six or more traumas in their short lives.



Let me show you how chronic or complex trauma can manifest in juveniles.

Q: Who has heard of the movie called Paper Tigers? *(Elicit responses.)*

The movie discusses how adverse childhood experiences or ACEs affect juveniles and what a particular school is doing to help students overcome these traumatic events. As you watch the video, think about how you will approach helping traumatized juveniles in our system.

(Click to play video titled Paper Tigers. Length is 2 minutes and 10 seconds.)

Q: What are your thoughts on the video? *(Elicit responses.)*

Although a juvenile may have multiple ACEs, they may still lead productive lives, by relying on resiliency and pro-social coping skills. Later, you will not only learn ways to build resiliency with juveniles, but will also determine your own ACE score and identify

some useful personal coping strategies.

Q: What questions do you have about chronic and complex trauma? (*Elicit responses.*)

Before we move on and talk about the impact of trauma, let's do a quick activity, in which you will use the information we just discussed.



For Your Eyes Only – Activity: Trauma Roundup

1. Individually, have participants circle which word(s) describe the trauma type.
Each type of trauma may have more than one answer.
2. Once finished, ask different participants to share their answers.
3. After a participant shares an answer, reveal whether the answer is correct or not.
Encourage participants to correct their answers.

Activity Point: This activity is designed to provide an in-depth understanding of the various types of trauma.



Activity: Trauma Roundup

Time: 10 Minutes

In your participant guide, turn to the activity titled *Trauma Roundup*. There you will find a list of various types of trauma. Take some time to circle the category you believe the type of trauma belongs to. Keep in mind, each type of trauma may have more than one answer. When everyone is finished, we will discuss as a large group.

(If time permits, allow participants to discuss their answers with a neighbor before discussing it in the large group.)

Debrief

Trauma Type

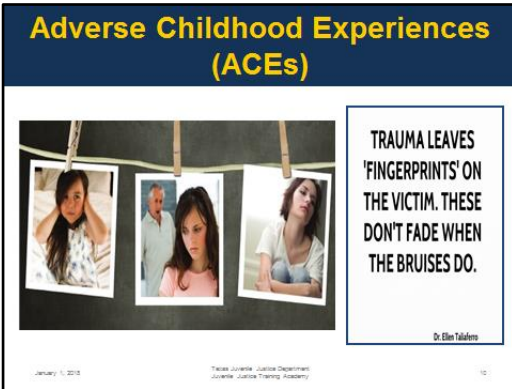
1.	Verbal abuse	Acute	Chronic	Complex
2.	Domestic abuse	Acute	Chronic	Complex
3.	Car accident	Acute	Chronic	Complex
4.	Neglect	Acute	Chronic	Complex
5.	Single event	Acute	Chronic	Complex
6.	Repeated	Acute	Chronic	Complex
7.	Perpetrated by caregiver	Acute	Chronic	Complex
8.	Theft	Acute	Chronic	Complex
9.	Reoccurring Sexual abuse	Acute	Chronic	Complex

(Ask for volunteers to reveal in which category they put each term. As participants read their answer, reveal whether the answer is correct and encourage participants to correct their incorrect answers.)

Q: What questions do you have about the various types of trauma? *(Answer questions, if any.)*

(Remember, the symptoms we talked about for the various types of trauma, may be experienced after having experiencing acute, chronic, or complex trauma. This information is merely a guide for each type; it is important to remember everyone is an individual and could experience all of these symptoms or none of these listed.)


The number of traumas or ACEs juveniles have experienced increases the risk of delinquency and subsequent involvement in the juvenile justice system. We will talk about that later in the course, but first let's explore those adverse childhood experiences. Research shows the higher a person's ACE score, the higher the risk of maladaptive behavior and mental or physical health issues well into adulthood.



Slide 6: Adverse Childhood Experiences | ACEs

Instructor's Corner:

PG: 7

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Trainer Notes:



Adverse Childhood Experiences | ACEs

Adverse childhood experiences (ACEs) or traumatic events are directly related to developmental delays and contribute to a wide range of health risks during a person's lifetime. The impact of ACEs are felt by people from all walks of life and millions of dollars are spent annually treating issues related to them. The lifespan of a person with six or more ACEs may be shortened by as much as 20 years, due to the biological effects of trauma. A landmark ACE research study, conducted from 1995-1997 by the Center for Disease Control (CDC) and the Kaiser Permanente, provides us with valuable insight about the effects of these traumatic experiences.



Let's listen to Dr. Burke Harris again as she talks about the results of the ACE study. In your participant guide, write down any statistic that stands out to you as you listen.

(Click to play video titled TedTalk Part 2. Length is 2 minutes and 12 seconds.)

Q: What was most startling to you about the statistics presented by Dr. Burke Harris?

(Elicit responses.)

Out of the 17,000 participants involved in the study, 12.5% experienced four or more ACEs. Those same individuals were 19 times more likely to attempt suicide than a person with only one ACE.

Q: Why do you think it would be important to know your own ACE score, particularly as a juvenile justice professional? *(Elicit responses.)*

Generally, any individual can benefit from knowing their ACE score, simply as a way to determine risks of certain chronic diseases or social and emotional problems, such as depression, violence, being a victim of violence, or suicide. As a juvenile justice professional, working with juveniles who may have experienced trauma could cause undue stress for you and could lead to burnout, particularly if you have not worked with juveniles before. Let me show you how the ACE score is determined.

(Click for three types of ACEs to appear.)

The three types of ACEs are:

- Abuse
 - Physical
 - Emotional
 - Sexual

- Neglect
 - Physical
 - Emotional

- Household Dysfunction
 - Mental illness
 - Incarcerated relative
 - Mother treated violently (*The study specifically asked about mothers being treated violently, not other family members.*)
 - Substance Abuse
 - Divorce

(Click for a few of the numerous behavioral problems examined in the ACE study to appear.)

A high ACE score increases the risk of certain behaviors, including:

- Lack of physical activity
- Smoking
- Alcoholism
- Drug use
- Delinquency
- Missed work

(Click for some of the physical and mental health issues related to a high ACE score to appear.)

Further, a high ACE score can increase the risk of certain physical and mental health issues, including:

- Severe obesity
- Diabetes
- Depression
- Teen pregnancy
- Suicide attempts

- Sexually transmitted infections (STIs) | Also known as sexually transmitted diseases or STDs
- Heart disease
- Cancer
- Stroke
- Chronic obstructive pulmonary disease (COPD)
- Broken bones

As we become more educated on how trauma affects individuals, preventative actions can be taken much earlier, particularly juveniles involved in the juvenile justice system. Treatment for addiction or medical problems as an adolescent can likely prevent many of the medical and physical issues just mentioned in adulthood.



In a few minutes you will have an opportunity to complete the ACE questionnaire, but before you do, I am going to show you a short video which will introduce you to a few people who have already taken the ACE questionnaire and the benefits they gained from knowing their score. As you watch the video, think about how the skills discussed can be applied to juveniles you will work with.

(Click to play video titled Personal and Parental Reflections on ACEs. Length is 6 minutes and 23 seconds.)

Q: What are your thoughts on the video? *(Elicit responses.)*

As you heard, all three people in the video found knowing their ACE score was insightful and shifted the way they communicated with their children. Having a high

score on the ACE questionnaire should not be cause for alarm; it simply creates opportunities for personal reflection, particularly regarding risks with certain physical and mental health issues.

Now, you will take the ACE questionnaire.



For Your Eyes Only - Activity: ACE Questionnaire

1. Before the course begins or during a break, organize a table on chart paper or white board similar to the one outlined below.
2. Write down the ACE percentages from the ACE research study on the chart paper underneath the ACE Study Scores heading. Remember to leave room for the group ACE scores.

ACE Score	ACE Study Scores	Group ACE Scores
0	36.1 %	
1	26.0 %	
2	15.9 %	
3	9.5 %	
4 or more	12.5 %	

3. To determine participants' ACE percentages for each score, take the total number for each score and divide it by the total number of participants. For example, if you have 10 participants taking the quiz and 3 scored 3 on the ACE questionnaire, divide 3 into 10, which equal .30 or 30%. Do this for each score category and write the percentages in the Group ACE Scores column.
4. Individually, participants will take the ACE questionnaire located in the

participant guide. You can also take the questionnaire and include your score in the percentages, if you so desire, and particularly if the number of participants is small.

5. Once finished, ask participants to write their score on a Post-it® Note and fold the paper.
6. Collect the folded Post-it® Notes and determine the percentage for each category. (This is a good time for a short break, as you tally the scores and write them on the chart paper.)
7. Debrief as outlined in the LP below.

Activity Point: This activity is designed to inform participants about their own ACE score.



Activity: ACE Questionnaire

Time: 20 Minutes

In your participant guide, turn to the activity titled *ACE Questionnaire*. There you will find the ACE questions. Take a few minutes to answer the questions and determine your score. You will not share your answers or score with the group, however, you will write your score on a Post-it® Note, fold it up, and I will pick it up. Do not write your name on it. The scores will be tallied as a group and will be compared to the national average. We will then discuss the percentages as a large group.

Debrief

(Present the group percentages written on the chart paper or white board to the large group and

compare them to the ACE study averages.)

Q: What surprised you most about the percentages of the group here today? *(Elicit responses.)*

Q: Would anyone care to share whether their score was an eye opener? *(Elicit responses. If no one is willing to share, you can share thoughts on your score, if comfortable.)*

Again, be mindful that your personal ACE score should be used as a guide. It may make you feel uncomfortable or emotional to answer the questions and acknowledge what happened to you as a child, and for many of us, this may be the first time we have confronted this information in such a way. The ACE score highlights some risk factors you may have; but remember, it does not take into account resilient, or positive factors like personal diet, exercise routines, or other self-care strategies you have in your life. Later, we'll talk about the importance of self-care strategies and why they are important when working in this profession.

Interestingly, social service professionals may find their ACE scores are higher than the general population. This is not to say everyone in the social services profession will have a high ACE score; however people exposed to several ACEs are often drawn to helping others, perhaps to acknowledge and model that although trauma was present in their lives, it did not stop them from achieving a fulfilling life.

Q: How does taking the ACE questionnaire change your perspective on the juveniles we work with? *(Elicit responses.)*

In the general population, nearly half of all adolescents have never experienced an ACE. In comparison, 90% of juveniles in the juvenile justice system have experienced at least one ACE, with the average being six. The most common ACE among them is family violence, followed by divorce or parental separation, and incarceration of a family member. These alarming statistics implore us to not only acknowledge the effects of trauma on juveniles, but to also to deliver much needed trauma-informed care.

We have talked about ACEs, their effect on behavior, and how a high ACE score can increase the risk of mental and physical issues. Now let's discuss how trauma interferes with development during childhood and adolescence and later, what happens in adulthood if it is left untreated.



Slide 6: Trauma and Development

Instructor's Corner:

PG: 7

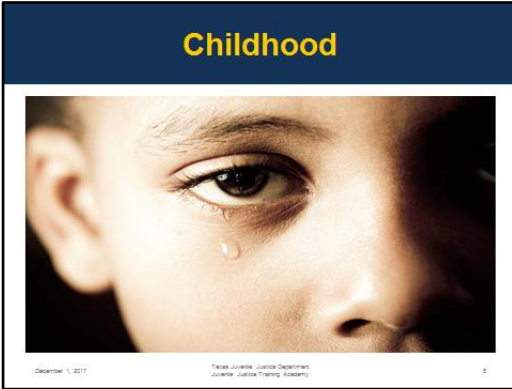
Trainer Notes:



TRAUMA AND DEVELOPMENT

Trauma and its effects often leave a lasting imprint on the mind and body. It causes changes in the brain and body and, if left untreated, may evoke feelings of fear or panic. Research shows trauma actually impacts brain development, affecting attachment, emotional regulation, and how the world is perceived. It also alters perceptions, may cause hypervigilance, and increases cortisol levels, which can lead to various disorders like osteoporosis, arthritis, depression, eating disorders, and an inability to fight infections.


Let's shift our discussion and talk about trauma's impact on childhood development.



Slide 8: Childhood

Instructor's Corner:

PG: 11

 The slide appears with a picture. Click for video to play when prompted in LP.

Trainer Notes:



Childhood

(Inform participants not all symptoms or behaviors are listed in the participant guide.)

Infancy to 5 Years of Age

If traumatic events occur during infancy to 5 years of age, the potential for developmental delays substantially increases. During this age, the brain is developing and making rapid connections. Although we do not supervise children in young developmental groups, recognizing how trauma may have affected some juveniles during their early years helps us realize there may be underlying causes to their behavior. With this insight, we are able to make better decisions when supervising them.

Some key benchmarks during this developmental stage include:

- Developing a secure attachment to a caregiver
- Understanding how behavior impacts the world
- Recognizing and responding to emotional cues
- Establishing self-identity
- Building self-esteem
- Strengthening language and motor skills

During this time, because verbal communication is minimal, it is often difficult to determine how a child has been affected by trauma. All children are different, young children may internalize their emotions; while others may express their feelings of distress in a loud manner. Despite how a child communicates their needs, traumatic experiences can result in:

- Physical complaints, such as head or stomach aches
- Distress, such as depression, anxiety, or anger
- Dysregulation, or over or under responses to stimuli (for example, hypersensitivity to sound or smell or being unaware of pain or internal sensations)
- Developmental delays, such as speech or cognitive functioning

As mentioned earlier, traumatic events may prolong exposure to cortisol in the brain, which in an infant or small child may alter the stress response system and may lead to varied reactions, like inconsolable crying, problems with sleeping, or a child who is very quiet.



Let's take a moment to watch a video called *The Still Face Experiment*, which shows how babies process being ignored.

(Click to play video titled The Still Face Experiment. Length is 2 minutes and 49 seconds.)

Q: What are your thoughts about the video? *(Elicit responses.)*

Infants are very responsive to what is going on around them despite not being able to communicate with words. They can engage in social interaction and if it isn't present,

they quickly become uncomfortable. If they were exposed to prenatal stressors or are exposed to a chronic environment of abuse or neglect, further damage can occur to their developmental benchmarks and their physical or emotional health. The baby in the experiment was only exposed to her mother's lack of attention for two minutes and was visibly uncomfortable; imagine the impact on an infant or toddler experiencing a constant lack of connection with their caregiver, regular abuse, or violence on a routine basis.

Q: What questions do you have about trauma and its impact on the development of young children? (*Elicit responses.*)

Let's talk about children aged 6 to 12 years of age.



6-11 Years of Age

During ages 6 to 11 years, the groundwork for much needed regulation and coping skills are set by key benchmarks which may include:

- Skills to manage fears and anxieties
- Capacity to maintain attention for learning and problem-solving
- Ability to control emotions, during stressful or excitable situations
- Increase in self-awareness
- Developing stronger peer relationships
- Knowing right from wrong

Q: How might trauma impact these foundational benchmarks? (*Elicit responses.*)

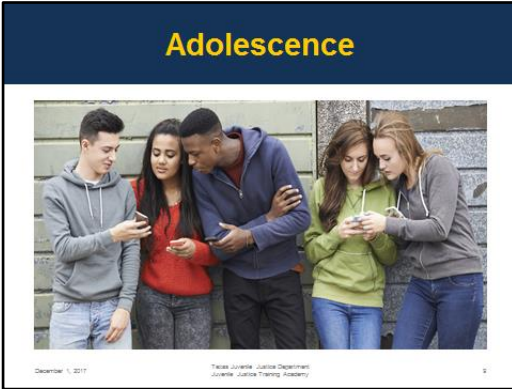
Trauma may disrupt development of these benchmarks by causing:

- Limited emotional and behavioral regulation
- Learning difficulties
- Specific anxieties or fears
- Attention seeking behavior
- Regression to younger behavior
- Difficulty sleeping
- Isolation or suspicion

Often, children who have experienced trauma are vulnerable to triggers, or reminders which may evoke memories of past traumatic events. Causes of these triggers are often unknown and reckless behavior or withdrawal may occur. Regularly, these behavioral reactions are misinterpreted by adults and result in unnecessary punishment, like putting a child in time-out. Consequences such as this may actually harm a young child that has experienced trauma; it causes shame, creates difficulty with relationships and attachment, and fails to teach co-regulation simply because their ability to manage their emotions is limited.

Q: What questions do you have about childhood trauma? *(Answer questions, if any.)*


Let's talk about adolescence.



Slide 9: Adolescence

Instructor's Corner:

PG: 11

 This slide appears with a picture. Click for each of five pictures to appear when prompted in the LP.

Trainer Notes:



Adolescence

(Inform participants not all symptoms or behaviors are listed in the participant guide.)

If a child has experienced trauma, the ability to reach developmental benchmarks during adolescence is compromised. Adolescence should be a time focused on creating a stable identity and becoming a productive adult, but if trauma is a factor, it makes achieving those benchmarks all the more difficult. During this time, which can begin as early as 11 years with late adolescence ending at the age of 21 years, some developmental benchmarks may include:

- Adjusting to physical and hormonal changes in the body
- Positive social skills
- Ability to control or modify emotions and behavior
- Abstract thinking
- Independence

Let's talk about how trauma affects each one of these and how delinquency is highly probably with this population.

(Click for physical development picture to appear.)

Physical Development

During adolescence, a time when hormone levels are increasing, a juvenile may experience stress because of breast development or voice changes and prior or current trauma may make these normal occurrences even more distressing. If for example, a juvenile was sexually abused as a child, the development of their body may trigger negative memories and thoughts. Body image issues and physical or medical problems (for example, asthma or skin issues) may also develop. Trauma may also increase the risk of adverse behaviors during physical development, such as:

- Cutting, piercing, or tattooing
- Maladaptive eating
- Substance use

Many of these behaviors are often used as a way to self-medicate or cope, to escape from the pain past trauma evokes or a way to gain control over their body. Keep in mind, many times traumatized juveniles may not even know why they are self-medicating, they just know they are trying to take charge of emotions they have no control over.

(Click for social development picture to appear.)

Social Development

Social development is the process of learning to interact with others. While constructing peer relationships, including romantic partners, juveniles discover who they are, what they like, what they stand for, and how they want to present themselves with this

benchmark. If a juvenile has experienced trauma, social development may be disrupted and increases the risk for the following:

- Isolation
- Distrust and suspiciousness of others
- Expectation of mistreatment
- Difficulty with establishing boundaries

Adolescence is a time to get to know others and enjoy various social events, however traumatized juveniles may either keep to themselves and expect people to mistreat them or may be overly social and dependent on their peers. They may also fail to empathize with others and often have trouble understanding their own emotions.

Q: What questions do you have about how trauma affects physical and social development? *(Answer questions, if any.)*

(Click for behavioral and emotional development picture to appear.)

Behavioral and Emotional Development

With behavioral and emotional development, adolescents typically develop increased impulse control, an ability to defer gratification, and better judgment as they learn to think through possible consequences to their actions. They also learn to make decisions regarding long term goals. These benchmarks are all the more difficult to achieve when trauma is involved and may cause the following:

- Reckless and risky behavior
- Difficulty describing feelings

- Avoidance of trying new things
- Difficulty communicating wishes and desires

Traumatized juveniles also have trouble with reading the emotions of others and may default to anger when communicating their feelings simply because they are often in a fight or flight mode, assuming danger could happen at any moment. Further, “you only live once,” or YOLO, is often a motto for all juveniles and those that have experienced trauma may develop various inappropriate relationships.

(Click for cognitive development picture to appear.)

Cognitive Development

During adolescence, juveniles are developing their cognitive ability or abstract thinking skills and learning to take in information and apply it. Trauma disrupts this process and may lead to trouble concentrating or deciphering relevant information, oftentimes leading to special-education assessments and high dropout rates. Sometimes, these juveniles are diagnosed with a mental health disorder such as Attention Deficit Hyperactivity Disorder (ADHD); however their behavior may be a direct result of the trauma. Remember, a thorough assessment is necessary to properly diagnose a mental health disorder, and trauma should be taken into account. Other cognitive development difficulties trauma may cause include:

- Memory impairment
- Difficulty in regulating attention
- Impaired test taking ability
- Lack of focus
- Lower IQ's

- Diagnosable learning disabilities

Q: What questions do you have about the effects of trauma on behavioral and emotional development or cognitive ability? *(Answer questions, if any.)*

(Click for independent development picture to appear.)

Independent Development

Ordinarily as adolescents are developing their individuality by associating with different people or groups, they are also figuring out their career goals and developing relationships with mentors or role models. They are likely examining college options, vocational training, and envisioning how they want their future to be. Some adolescents take longer to figure out their future path and a traumatic past may delay these decisions further. Juveniles who have experienced trauma may:

- Fail to envision a future for themselves
- Feel they cannot take care of themselves
- Deem themselves ill-equipped to make decisions

Q: Why would traumatized juveniles have trouble envisioning a future for themselves? *(Elicit responses.)*

If a juvenile has a history of trauma, has not learned any regulation skills, does not trust anyone, did not receive positive feedback or support during their childhood, spends all of their time with anti-social peers, and has difficulty in school, it stands to reason they

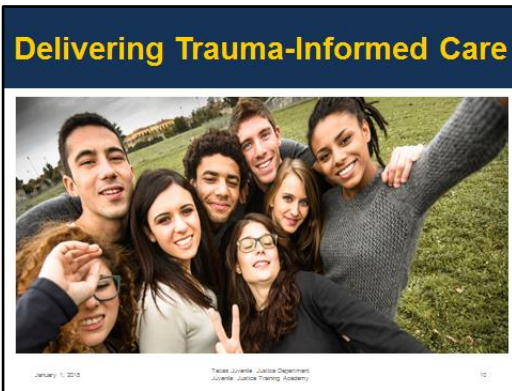
would not be able to imagine anything positive for their future. Juveniles with a traumatic past may miss out on opportunities to discover their interests, simply because they lack the confidence to try or research anything new.

Q: What questions do you have about trauma and its effects on adolescent development? *(Answer questions, if any.)*

You can see the presence of trauma affects all areas of a juvenile's life. Because of how trauma derails each of these important areas of development, juveniles often have a disregard for rules and are impulsive. Things such as substance use, truancy, impulsivity, an inability to pay attention in school, and isolation leading to depression and possible self-medicating are all ways juveniles end up in the juvenile justice system.

These traumatized juveniles are often met with punitive consequences to their defiant or challenging behavior, which merely exacerbates their feelings of hostility and defiance. For example, assigning an anger management class to a juvenile displaying defiant behavior may not be the most appropriate consequence for him or her. Anger management is not going to address the root cause of the juvenile's behavior, particularly if they have experienced trauma. If a juvenile has experienced violence at home and continues to be punished at school, for truancy or failing grades or by juvenile justice professionals for violations of probation, the cycle of distrust continues. It is important for our system to provide support, appropriate consequences, and teach strategies juveniles need to deal with the disruption of their development.

Let's talk about necessary strategies needed to deliver trauma-informed care.



Slide 10: Delivering Trauma-Informed Care

Instructor's Corner:

PG: 13

Trainer Notes:

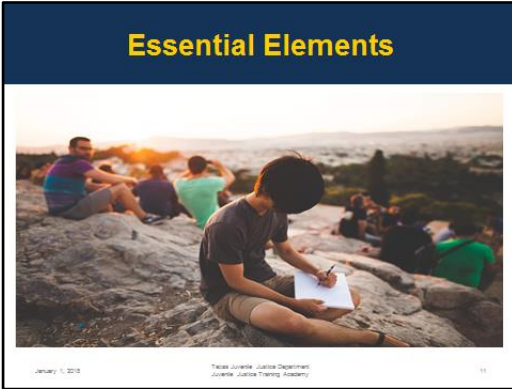


DELIVERING TRAUMA-INFORMED CARE

A system, agency, organization, or department focused on trauma-informed care must:

- Realize the ramifications of trauma
- Recognize the signs and symptoms of trauma
- Respond to trauma by implementing a trauma-informed approach
- Avoid re-traumatizing juveniles, families, and ourselves

In following these principles, it is important for the juvenile justice system to implement specific elements necessary to deliver trauma-informed care. Let's talk about those now.



Slide 11: Essential Elements

Instructor's Corner:

PG: 14

Trainer Notes:



Essential Elements

There are eight essential elements the juvenile justice system must enact when delivering trauma-informed care. Some of these elements may not directly impact you in your current role; however it is important to know the processes which should be implemented, not only in your department, but in all systems working with children.

- Trauma-informed policies and procedures
 - Create safe environments for juveniles, their families, and staff.
 - Develop practices to account for trauma and prevent re-traumatization, which can happen with routines like seclusion, restraints, room confinement, strip searches, or being arrested.
- Appropriate identification and screening of traumatized juveniles
 - Screening of juveniles with valid and reliable screening tools.
 - Completed after trust is earned and mindful of cultural differences.
- Clinical assessments and interventions specific to trauma
 - Assessments should address post-traumatic symptoms and other behavioral

or mental health issues.

- Interventions provided by mental health professionals, for example cognitive behavioral therapy.
- Trauma-informed programs and educated staff
 - Staff should emphasize resilience with juveniles, families, and themselves.
 - Training on trauma and its effect should be consistent, with a focus on skills needed for a particular job.
- Resources to prevent and manage vicarious trauma
 - Resources and support must be available to all staff, such as an employee wellness program. Again, we will talk about the notion of vicarious trauma later in the course.
- Efforts to engage the family
 - Juveniles and families should be treated as partners, fostering trust.
 - Collaboration on decisions made about the juvenile.
- Collaboration with other systems
 - Policies and practices must support partnering with other entities, such as schools, law enforcement, and community organizations.
 - Sharing of information must be uncomplicated.
- Policies to address disparities
 - System must review policies and procedures contributing to disparities, such as racial, gender specific, or economic disparities.
 - Make decisions based on juvenile needs, not on overt or implicit biases.

Q: What questions do you have about the elements of a trauma-informed care system?

(Answer questions, if any.)

A system must have policies and procedures in place to deliver trauma-informed care and that care must provide individualized treatment. You as a juvenile justice professional must also provide support and gain the trust of traumatized juveniles. There are some ways you can do that.



Slide 12: What Must YOU Do?

Instructor's Corner:

PG: 14

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Trainer Notes:



What Must YOU Do?

There are specific ways we, as juvenile justice professionals can approach our work with traumatized juveniles. Because juveniles who have experienced past trauma have trouble with regulating their emotions and often do not have many positive experiences with trusted adults, some ways we can intervene are by:

- Providing skills to regulate their emotions
- Creating positive relationships and developing juvenile resilience
- Relaying strategies to reason appropriately

(Inform participants not all examples of each principle are listed in the participant guide.)

Skills to regulate emotions

Regulating one's emotions when interacting with others is a fundamental skill everyone should have. When we can provide juveniles with ways to calm themselves down with appropriate coping skills like abdominal breathing, encouraging them to ask for a time out, using a calm tone of voice, and appropriate eye contact, it creates opportunities for them to learn how to communicate more effectively.

A few other ways to help juveniles regulate their emotions include:

- Ensuring adequate sleep

Oftentimes, traumatized juveniles have troubling sleep patterns, especially if placed at a facility, leading to irritability and disruption. One way to help with attaining adequate sleep is the use of weighted blankets. These blankets have been shown to help with deep muscle relaxation, causing a calming effect which could lead to a better mood.

- Encouraging physical activity

Physical activity may improve well-being and mental functioning, as well as reducing cortisol in the brain.

- Recommending art, music, or animal therapy

These are examples of ways to reduce anxiety, promote relaxation, and regulating mood.

- Referring to counseling services

Regularly attending therapy can provide juveniles with skills to deal with their emotions effectively.

Creating positive relationships and developing juvenile resilience

When we are able to connect with juveniles by listening to them and their needs, it conveys there are adults they are able to trust. Many times juveniles who have experienced trauma do not have positive role models in their lives and we may be the only adults they are able to talk to. When talking with juveniles, their strengths should regularly be highlighted and their resilience or ability to adapt well in the face of

adversity, trauma, or tragedy supported. Resilience relies heavily on personal choices, but we can guide juveniles by identifying positive aspects in their lives and highlight effective coping strategies.



Let me show you a video about resilience and how it helps juveniles who have experienced several ACEs and how they were able to cope through resilience. As you watch, write down some strategies the juveniles were able to use in your participant guide.

(Click to play video titled Resilience Trumps ACEs. Length is 5 minutes and 32 seconds.)

Q: What strategies did you write down? *(Elicit responses.)*

You can see how important resilience is. With it, juveniles can move past what happened to them and instead focus on their future.

Q: What questions do you have about resilience? *(Answer questions, if any.)*

When you are creating those positive relationships, you must also establish positive rapport with the families of juveniles you supervise. As mentioned earlier, families are an integral part of a juvenile's life and without their support; juveniles are more apt to spiral out of control. Some ways you can cultivate supportive relationships with the family include:

- Being respectful
- Providing support

- Being culturally sensitive
- Remaining calm
- Challenging growth
- Establishing professional boundaries

Being disrespectful, non-responsive, demanding respect, using your power inappropriately, or enabling juveniles and their families are all ways to foster harmful relationships. If you recognize any of these traits in yourself, address it; not only are you putting yourself in jeopardy of receiving disciplinary action, you are also modeling negative behavior and disrespecting the very people you were hired to supervise.

Strategies for reasoning appropriately

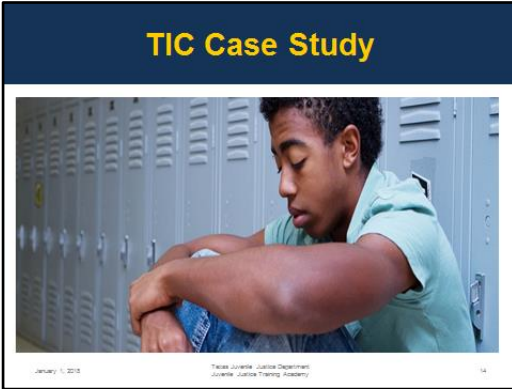
Many times traumatized juveniles are used to reacting to situations without thinking of the consequences and often respond inappropriately. It's easier to be angry than to deal with the real reasons for certain emotions. If you have established a rapport and built much needed trust with juveniles, you will be able to discuss delinquent behavior or consequences with them, and likely you will get a better reaction from him or her. If a juvenile knows you have their best interests in mind, he (or she) will not only trust you, but likely will be able to listen to you without blowing up and absorb the information you are providing them. We can also provide juveniles with alternative ways of reacting to certain situations and provide them with opportunities to "redo" certain reactions in a more appropriate way. This strategy is really about communication. The more you can talk with juveniles and build trust with them, the more they feel respected and listened to.

Q: What questions do you have about how you can implement trauma-informed care

with juveniles? *(Answer questions, if any.)*

Remember, providing trauma-informed care is a systematic approach and takes not only systems with strategic policies in place, but heavily depends on you and your focused, professional approach with juveniles and their families.


Let's put your knowledge of trauma-informed care into practice as we do the next activity.



Slide 13: TIC Case Study

Instructor's Corner:

PG: 15

 This slide appears with a picture. Click for video to play when prompted in the LP.

Trainer Notes:



For Your Eyes Only - Activity: TIC Case Study

1. Have participants work on this activity in a large group, individually, or with a partner.
2. If done in a large group, provide a white board or chart paper with markers to write down participant responses. If done individually or with a partner, have participants document their responses in the space provided in their participant guide.
3. Have participants view a video and answer the questions as outlined in their participant guide.
4. Discuss the responses to the questions in the large group.
5. Debrief activity as noted in the lesson plan.

Activity Point: This activity provides an opportunity to practice identifying symptoms of trauma in juveniles and how to use a trauma-informed approach when supervising them.



Activity: TIC Case Study

Time: 30 Minutes

Turn in your participant guide to the activity titled *TIC Case Study*. After watching the video, identify the traumatic events in the juvenile's life, symptoms of trauma described, and what TIC interventions you would implement. After writing down all of your responses, we will debrief as a large group.



(Click to play video titled Case Study Terrance Part 1. Length is 4 minutes and 11 seconds.)

Debrief

(Have varying participants read each question and provide their answer.)

Q: What traumatic events did Terrance reveal?

A: Terrance revealed the following traumas:

- *Mom passed away when he was young.*
- *Grandmother, after assuming the role of guardian, passed away also.*
- *Aunt, after assuming the role of guardian, passed away as well.*

Q: What behaviors or symptoms did Terrance describe?

A: Some behaviors or physical and mental issues Terrance experienced include:

- *Sadness*
- *Deep depression*
- *Low self-esteem*

- *Hopelessness*

Q: Using the interventions we just talked about, how would you apply the interventions we just talked about to deliver trauma-informed care to Terrance?

A: The interventions may be applied by:

- *Skills to regulate emotions*
 - *Referring Terrance to counseling services to build self-esteem*
 - *Encouraging participation in sports activities*
- *Creating positive relationships and building resilience*
 - *Encouraging a relationship between Terrance and caregiver*
 - *Asking Terrance about his interests and offering support in developing them*
 - *Encouraging his writing*
 - *Supporting realistic future plans*
- *Reasoning appropriately*
 - *Redirecting negative talk to positive self-talk*
 - *Supporting pro-social skills*

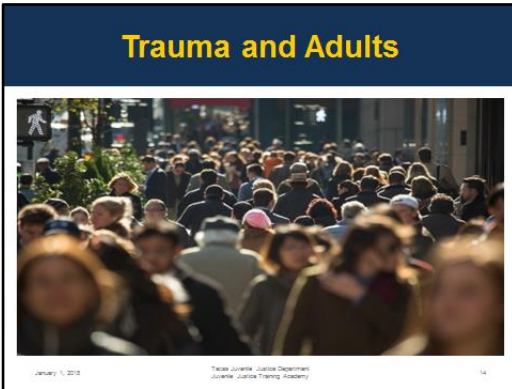
Even though Terrance experienced several ACEs in his life, he can still succeed in life. A traumatic past does not have to determine a bleak future. Luckily, we play a part in encouraging and modeling appropriate behavior for juveniles we supervise.

Q: What questions do you have about delivering trauma-informed care? (*Answer questions, if any.*)

So far today, we have talked about various types of trauma, the significance of ACEs and their impact on individuals, and how trauma often derails development, beginning at a young age. We have also learned about what elements are needed to deliver trauma-informed care and how we can apply certain strategies in our work with traumatized juveniles.

What about us and our care though, as juvenile justice professionals and first and foremost as adults? You are expected to deliver compassion, respect, and support to all the families you supervise, but what if you have experienced trauma in your own life? (*All questions are rhetorical.*) How do you take care of yourself? Remember we talked about vicarious trauma earlier? How do we prevent that from happening? We are expected to always remain professional and supportive with families and coworkers, but what happens when you are bombarded with bleak situations, sadness, and stories of trauma? You've heard the saying, if you don't take care of yourself; you won't be able to take care of anyone else? It's true.

Let's spend the next few minutes talking about how trauma affects us as adults and how we can take care of ourselves.



Slide 12: Trauma and Adults

Instructor's Corner:

PG: 16

Trainer Notes:



TRAUMA AND ADULTS

If you did experience childhood trauma, have you learned effective or appropriate ways to cope with it? (*Rhetorical question.*) As adults, our decisions, behaviors, and attitudes are highly influenced by how we grew up. If you experienced trauma as a child, your decisions and the way you live your life may be influenced by the after effects of trauma. It's important to be consciously aware of why we do the things we do, which means we have to look deep within ourselves and analyze the decisions we make, particularly when working with juveniles.

Trauma can be attributed to certain mindsets, or mentalities in adults. If we, as juvenile justice professionals have experienced trauma, these mindsets may affect the way we interact and supervise juveniles. Often, these mindsets are present and people are not even aware of it. Of course, everyone is different, and some people who have experienced trauma, may not recognize themselves in any of the mindsets we are going to talk about. As we talk about them though, and how they could possibly affect interactions with juveniles, think about whether you do or don't identify with any of them.

- The False Self

As a child, nothing compares to the love and protection of a parent or caregiver. Without it, children may try to become the child they *think* their parent or caregiver will love. This, however, creates a false sense of who a person is and causes real emotions to be buried. The true person is never revealed to other people for fear of rejection and the need to please others.

Q: How could presenting a false self affect interactions with juveniles? (*Elicit responses.*)

If you are presenting a false self to others, you may believe you were meant to pursue a career in social services because you *think* you should be helping people, but in actuality, when you really think about it, you would be happier pursuing something else. Your interactions with juveniles may be adversely affected because you don't have the compassion or even passion for such a field. A false self may show itself in another way. Consider you are a people pleaser, if so; your decisions may be made based on not wanting to upset anyone, including juveniles you are supposed to be supervising.

- **Victimhood**

The long term effects of trauma may leave victims believing they are still a victim as an adult. We do have the power to change feeling like a victim, but if we are so used to negative self-talk and those feelings are so ingrained, we likely will continue thinking of ourselves as a victim.

Q: How could this mindset affect our interactions with juveniles? (*Elicit responses.*)

If you consider yourself a victim, working with juveniles, particularly manipulative ones

may be challenging. Consider this, a juvenile has decided they don't like you and begins to act out when you're around. You are uncomfortable with the juvenile's behavior and because you think of yourself as a victim; you begin to think maybe you are being too hard with the juvenile and you must have done something to make the juvenile not like you. You then try to become friends with the juvenile to get them to like you, but this only creates poor boundaries and may lead to disciplinary action.

- **Passive-Aggressiveness**

If anger was expressed by a caregiver in a violent way during childhood, a child may grow up unable to express anger appropriately or believing it is unacceptable to express it at all. This is unhealthy, though, because if anger is suppressed, the reason for the anger is never resolved and is typically expressed by avoiding direct confrontation and displaying certain behavior, like procrastinating, pouting, or "forgetting" to do certain tasks.

Q: How could being passive-aggressive affect interactions with juveniles? (*Elicit responses.*)

It is important to supervise juveniles in a respectful way. When they are defiant or challenging and you hold on to your angry feelings instead of issuing consequences appropriately, you may sanction the juvenile harshly, like sending him (or her) to security for a minor infraction or taking away privileges for an excessive amount of time.

- **Passivity**

If an adult was abandoned or neglected as a child, they may bury all of their feelings in hopes of avoiding anyone abandoning them again. To avoid being

abandoned, he (or she) will often avoid speaking up for themselves and may enter relationships which are unhealthy. Being passive often results in lost opportunities and low self-esteem.

Q: How could being passive as an adult affect interactions with juveniles? (*Elicit responses.*)

If you are passive when working with juveniles, it may be difficult to connect with them simply because it is difficult for you to express your own emotions. Because you are afraid to correct challenging behavior and issue consequences, you inadvertently reinforce negative behavior.

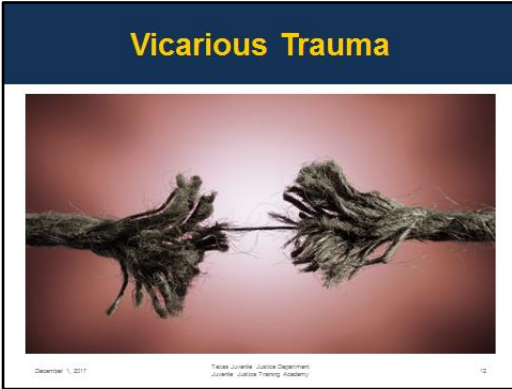
Q: For anyone comfortable enough to share, who recognizes these mindsets in yourself or anyone you know? (*Elicit responses.*)

It is always a good idea to seek a therapist to help with processing past trauma. Remember, these are only a few ways trauma could manifest in someone who has experienced trauma as a child. Again, this is not the case for everyone. Some people with traumatic pasts may not recognize any of these mindsets in themselves. If you do recognize some of these mindsets though, there is no need to feel shame or embarrassment because of it; it is simply a way to recognize how and why you behave in certain ways.

Whether you did or didn't experience trauma as a child, as a juvenile justice professional

you will hear stories of trauma from the juveniles you supervise. We often witness and hear about devastating situations juveniles have experienced and it can be difficult, especially if we have experienced our own trauma in the past.

Let's talk about vicarious trauma.



Slide 15: Vicarious Trauma

Instructor's Corner:

PG: 17

Trainer Notes:



VICARIOUS TRAUMA

As juvenile justice professionals we often experience vicarious trauma because of the very nature of our job. Also called compassion fatigue, this may occur when stories of fear, pain, and neglect are heard continuously. It is stress caused by helping, wanting to help, or constant interaction with a traumatized, suffering person, often leading to multiple personal stressors.

Vicarious trauma causes emotional pain. If you have no outlets to relieve it, chronic exposure to it may lead to burnout.



Let's watch a short video, which features Françoise Mathieu, an expert on compassion fatigue.

(Click to play video titled Françoise Mathieu Compassion Fatigue. Length is 1 minute and 34 seconds.)

Q: So how do you know when you are overloaded? *(Elicit responses.)*

Q: How did you relate to what Ms. Mathieu said in the video? *(Elicit responses.)*

(Inform participants not all symptoms of burnout are listed in participant guide.)

It's true what was said in the video. Often, we become so overwhelmed with our jobs that the people close to us are often neglected. We often tend to forget to take care of ourselves. This compassion fatigue, if it persists and is left untreated, may lead to burnout. Burnout may cause depression, anxiety, health problems, or feelings of hopelessness. You may have burnout if you:

- Share the same negative and hopeless feelings as families
- Negatively view juveniles and their families; labeling them unfairly
- Often feel defensiveness
- Dread going to work
- Feel as though enough can never be done
- Constant feelings of negative emotions
- Disconnect from emotions
- Withdraw from family and friends

Vicarious trauma may affect job performance and can lead to mistakes and errors in judgment. Sometimes, we work so hard we don't have time to stop and assess how we are really feeling. Our minds often shift to autopilot and we simply move on to the next client. It's easy to believe no one is experiencing the same things you are and that spouses or significant others do not understand your pain. It's important to recognize these signs in yourself and seek help if necessary, particularly if you are a new juvenile justice professional.

Let's do a quick activity.



For Your Eyes Only - Activity: Reflections

1. Individually, participants will write down a situation which may have caused vicarious trauma in either the role of juvenile justice professional or in their own lives.
2. In pairs with someone they don't know, participants should discuss their reflection and how they were able to cope with it.
3. Once everyone is finished, ask a few participants to share some reflections.
4. Debrief as outlined in the LP.

Activity Point: This activity is designed to help participants realize they are not alone in feeling overwhelmed and to learn which coping skills are effective.



Activity: Reflections

Time: 20 Minutes

Turn in your participant guide to the activity titled *Reflections*. Individually, take a moment to write down a situation which may have caused vicarious trauma in your role as juvenile justice professional or in your own life. After you are finished, partner with someone you don't know, share your reflections and what skills you used to cope with the situation. When finished, we will discuss the activity as a large group.

Debrief

(Ask a few participants to share their reflections and how they were able to cope with them.)

Q: What questions do you have about vicarious trauma? *(Answer questions, if any.)*

Everyone has different ways of coping with vicarious trauma. Personal preferences determine if outdoor activities, talking with others, or perhaps inner-healing activities will work for you. Let's talk about some other self-care activities you can implement to ward off the effects of vicarious trauma and eventual burnout.



Slide 16: Self-Care Strategies

Instructor's Corner:

PG: 18

Trainer Notes:



Self-Care Strategies

We must remember to take care of ourselves in order to supervise juveniles appropriately and effectively.

Let's do another activity.



For Your Eyes Only - Activity: Taking Care of You

1. Individually, have participants complete the checklist found in their participant guide.
2. Once participants are finished, debrief the activity as noted in the lesson plan.

Activity Point: This activity is designed for participants to identify areas needing self-care improvement.



Activity: Taking Care of You

Time: 15 Minutes

Turn in your participant guide to the activity titled *Taking Care of You*. Read through each category and check the items you currently have implemented in your life. Then look at the areas where you may be lacking and identify some ways to increase care in that area. Upon completion, we will debrief as a large group. These results are for your benefit and will not be shared with the large group.

Debrief

Q: If comfortable, who would like to share whether they will implement some additional self-care strategies after taking the assessment? (*Elicit responses.*)

We all strive for balance in our lives; however with so many work and personal commitments, we often end up feeling overwhelmed and anxious, particularly if past trauma or vicarious trauma is present. Some coping strategies you may implement in your daily life to counter the effects of trauma include:

- Seeking support

It is helpful to talk through issues bothering you. This may be done with a mental health professional, friend, family member, or coworker. Talking is therapeutic and may help work through unresolved feelings. Typically, departments offer Employee Assistance Programs (EAP) at no cost to you. Contact your local department for additional information on your specific program. There are also low cost therapy resources in the community.

- Reducing traumatic reminders

Avoid things which may amplify negative feelings. Listening to melancholy music when you are feeling hopeless or depressed is counterproductive and may make you feel worse. Also, if there is a specific date or event that could derail your day and affect interactions with juveniles, plan ahead. Take a day off and if you can't do that, plan a day trip to a favorite destination when you are able. If you are not able to remove yourself from work, talk with a co-worker or supervisor about the feelings you are experiencing.

- Building your own resilience

We have talked often today about building resilience with juveniles, but you also have to build your own. Protect yourself by building a circle of support and use it, especially when feeling down or angry. Stay in contact with family or friends and call on them when you need comfort. Build a spiritual connection, learn something new, or practice affirmations. There are a myriad of ways to build resilience; these are just a few examples.

- Finding a personal way to cope

There are several ways to work through feelings associated with trauma. Some people journal their feelings, some blog, some write poetry or music, and some use other creative mediums which help them process what they are going through. Still others play sports or participate in physical activities. You may also remove yourself from a stressing situation to clear your mind and return when you are calm.

Q: What are some self-care coping strategies you currently use? (*Answer questions, if any.*)

Whatever you do to cope with feelings associated with trauma, be sure to do it often. Recharging is a way to reflect on what is important in your life and allows you to better serve juveniles when you return to work.

Q: How will the information you received today influence how you supervise juveniles? (*Elicit responses.*)

Let me leave you with some final thoughts.

Final Thoughts

- Trauma and its effects are highly prevalent in juveniles involved in the juvenile justice system.
- High ACEs contribute to delays in development and mental or physical health risks.
- Productive lives can be lead despite traumatic experiences.

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Slide 17: Final Thoughts

Instructor's Corner:

PG: 19

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Trainer Notes:



Final Thoughts

Millions of people around the world have dealt with trauma and its effects. ACEs have a tremendous impact on childhood development and pose higher risks for certain mental and physical health issues in adults. Juveniles involved in the juvenile justice system typically have several ACEs in their lives and their behavior often reflects the aftermath. As juvenile justice professionals, we have a responsibility to understand the root causes of those behaviors while managing our own emotions and feelings from either our own past or vicarious trauma. Past trauma does not define us or the juveniles we serve. We, as well as juveniles, must build resilience, self-esteem, and support systems to lean on when things get tough.



Remember Terrance, the young man we just discussed? Let's see how those coping skills helped him.

(Click to play video titled Case Study Terrance Part 2. Length is 1 minute and 6 seconds.)

With resilience, self-esteem, and support Terrance was able to move on despite his past traumas. In his situation, he had also had the help of the school system, which played a

big part in him reaching his goals. To ensure effective rehabilitation for juveniles, any entities working with children should develop trauma-informed care practices based on compassion, empathy, and trust. Although many entities are not there yet, we can educate others on how juveniles should be treated if they have experienced past trauma. With the interventions we identified today, we can guide juveniles we serve to thrive just as Terrance was able to.

Remember:

- Trauma and its effects are highly prevalent in juveniles involved in the juvenile justice system.
- High ACEs contribute to delays in development and increased mental or physical health risks in adulthood.
- Productive lives can be lead despite traumatic experiences.

Thank you for your participation in the *Trauma-Informed Care | A Focused Approach* course today.